

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34312

State File No. _____

Registrar's No. 324

FILED NOV 10 1943

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:
(a) County: Callaway
(b) City or town: Tullton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME: Mr. Sylvia Berry
3. (b) If veteran, _____ name war _____
3. (c) Social Security _____ No. None

4. Sex: Female
5. Color or race: 3 Negro
6. (a) Status: 2 Widowed
6. (b) Name of husband or wife: Austin
6. (c) Age of husband or wife if alive: 9-1856
7. Birth date of deceased: Jan. 9-1856 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 8 22 hr. min.

9. Residence: Callaway Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Laundress

11. Industry or business: Dr.

12. Name: Dr. 9

13. Birthplace: Richdia Homack, Virginia (City, town, or county) (State or foreign country)

14. Maiden name: Richdia Homack

15. Birthplace: Richdia Homack, Virginia (City, town, or county) (State or foreign country)

16. (a) Informant: Dr. 9

(b) Address: 837 Walnut St. Tullton Mo

17. (a) Date of death: Oct 3-43 (Month) (Day) (Year)
(b) Date of death: Oct 3-43 (Month) (Day) (Year)

(c) Place: burial or cremation: South Side Cem. Tullton Mo.

18. (a) Signature of funeral director: Ali Bell

(b) Address: Tullton Mo.

19. (a) Date received local registrar: 0-3 1943 (Date received local registrar)
(b) Signature: Josee M. M. M. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Callaway
(c) City or town: Tullton
(If outside city or town limits, write "RURAL")
(d) Street No: 837 Walnut (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct Day 1 year 1943 hour 2 minute P M.
21. I hereby certify that I attended the deceased from Sept-1 to Sept-1 1943 that I last saw her alive on Oct-1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Macemia

Due to: Chron. Nephritis

Due to: Chron. Nephritis

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: 1316

Of operations: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence: _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature: Dr. 9 (M. D. or other)

Address: 529A Canal Tullton Mo

signed 10/2/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. H. Bell*

Licensed Embalmer No. *2130*

P. O. Address..... *Fulton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.